

KENTUCKY TRANSPORTATION CABINET

Department of Rural and Municipal Aid Office of Rural and Secondary Roads TC 20-16E Rev. 02/2007

MUNICIPAL AND COUNTY ROAD AID EMERGENCY REQUEST

City/County:				
Contact Person:				
Telephone:	Fax:	E-mail	Address:	
Location of Project (Street/Road Name, including county road number, if applicable):				
In the space below, provide a narrative explaining the nature of the emergency request:				
For Office Use Only:				
Dist. Est.:		Photos:	Initial Ltr.:	
Approved:	☐ Not Approved:	Date:	Notified:	
Ву:				